



HALTON FARNWORTH HORNETS arlfc

VOLUNTEERS – SELF DISCLOSURE PROFORMA

Part A

Title		F		M	
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First Name:		Surname:	
Home Address:	Work, School, University Address:		
Town:		Town:	
County:		County:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Mobile:		Contact Name:	
E-mail:		DoB:	

Please specify most recent voluntary/paid work with clubs, NGBs, play schemes, leisure centres, etc.

Club/NGB/School/Etc:	Your Role:	Paid/Unpaid:	Date From:	Date To:

Part B

SELF-DECLARATION (for completion by the above individual)

Have you been convicted of any criminal offences? YES / NO

If yes, please supply details of any criminal convictions.

NOTE: You are advised that under the provisions of the Rehabilitation Act 1974 (Exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including "spent convictions".

Are you a person known to any Children's Social Care Services department as being an actual potential risk to children? YES / NO If yes, please supply details.

IMPORTANT - I have read and understood the Youth Sport Trust safeguarding and protecting children self-disclosure notes accompanying this form. I hereby consent to CRB checks being undertaken against me. I understand that the information contained on this form, the results of any CRB checks and any information supplied by a third party will be kept by the organisation responsible for the programme and will be destroyed one month after my involvement with this programme.

Signed by the above named individual:		Date:	
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Should this form be completed by a person under the age of 18 (minor), it must be countersigned by parent/guardian/carer.

Signed by Parent/Guardian/Carer:		Date:	
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COPY TO BE KEPT BY NAMED APPLICANT.